APPLICATION FOR INDEPENDENT STUDY and/or DIRECTED STUDY

Instructions to Applicant

This application is designed to be completed on a computer using Microsoft Word. Fill in required information, print, get all required signatures, and submit to the appropriate dean’s office (completed form may be saved as a Word file). Your application must be submitted by November 15 if study is to be undertaken in the Spring, and by April 15, if study is to be undertaken in the Summer or Fall. All signatures recommending approval should be secured before the application is submitted to the appropriate dean. The dean of graduate studies must approve all proposals for which students will receive graduate credit. The graduate advisor must sign if the course is to be included in a graduate program. Approval of the application involves judgments about the substance of the proposal as well as the availability of the staff. This application is the cover sheet for your proposal. Submit one copy.

Applicant Information

Name: ___________________________________________ Student ID #: ______________________

☐ Undergraduate Curriculum, Major or Concentration: __________________________________________

☐ Graduate Program: ______________________________________________________________________

Course Information

Title: ___________________________________________ Subject: __________________ Course Number: ______ Credit Hours: ______

Proposed Instructor: _____________________________ Term: ______ Year: _____ Summer Session: ___

Role of course in student’s program: __________________________________________________________

Proposal Section

Describe below in brief form the Independent Study Proposal. On attached sheet indicate the rationale, the scope, the plan of study, the procedure of evaluation, and the plan for conferences with faculty instructor.

_____________________________________________________________________________________

_____________________________________________________________________________________

Approvals (All Students)

Institutional Review Board Approval

☐ Required ☐ In Process ☐ Approved

Instructor _____________________________ Date _____________________________

Chair _____________________________ Date _____________________________

Dean(s) _____________________________ Date _____________________________

Graduate Students Only

Advisor _____________________________ Date _____________________________

Graduate Program Director _____________________________ Date _____________________________

Dean of Graduate Studies _____________________________ Date _____________________________

The Original signed application and proposal shall be forwarded to the Records Office

Revised: March 2013